

AMERICAN FOUNDATION FOR THE BLIND  
LIBRARY

# WHO WHAT WHY

*annual report | 1956*

NATIONAL SOCIETY FOR THE PREVENTION OF BLINDNESS

WHO

A Program

The year 1956 was the forty-eighth year of voluntary service to the people of the United States by the National Society for the Prevention of Blindness.

Included in the pages of this Annual Report are many of the details of *what* was done during the year, and *why* it was done.

The report itself is dedicated to you *who* made these accomplishments possible . . . to you *who*, as contributors gave the funds which supported the effort . . . to you *who*, as volunteers, carried out individual and group assignments in many areas of service . . . to you *who*, as unpaid consultants, guided the program along sound lines for maximum effect at minimum cost.

You helped make possible the significant progress in prevention of blindness recorded during 1956. Gains were made in research; gains were made in the development of new preventive services; gains were made in alerting the public against the threat of blindness.

But gains were recorded in blindness, too. Our increasing and aging population is more vulnerable to loss of vision than ever before.

Out of our satisfaction over achievements of the past, then, we must accept the new and greater challenge of the present.

To all the "who's" who have helped, and on behalf of the many beneficiaries of that help, goes the grateful appreciation of your National Society for the Prevention of Blindness.

We know we can count on you for your continued generous assistance — because you know *why* it is necessary—and *what* remains to be done.

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*President*

The Hon. Lewis W. Douglas  
*Honorary President*

Homer Folks  
*Honorary Vice-President*

Helen Keller  
*Honorary Vice-President*



In 1956, the National Society for the Prevention of Blindness, thanks to the increasing generosity of its members and friends, was able substantially to broaden its attack on blindness into every state of the Union.

Its weapon was a three-edged sword—research, education and preventive service.

Blindness, we have come to understand, is a foe against which the most effective of weapons must be brought to bear; among the more than 167,000,000 people in the United States who today can see, any single individual can become blind—regardless of age, occupation, economic or social status, race, creed or color.

Blindness can be caused by disease, injury or neglect—the most unnecessary cause of all.

One edge of your Society's sword—research—cut into new fields of investigation, during 1956, to unlock more of the secrets of the blinding eye diseases. A second edge—preventive service—sought to cut down eye injuries and other causes of loss of sight, in industry, in the home, at school and at play.

A third—education—was used to stimulate a more rapid flow of newly discovered ideas from the laboratories of research into the channels of application, making them available for service to increasing numbers of people.

## A Problem

More than 300,000 men, women and children in the United States have lost their sight—half of them as the result of preventable illness or accident.

Defective vision accounts for more human disability in this country than anything but heart disease or cancer . . . more than infantile paralysis, more than cerebral palsy.

Research sponsored by the National Society for the Prevention of Blindness and others is dramatically eliminating infant blindness due to retrolental fibroplasia (RLF), but the actual causes of two of the leading cases of blindness among adults—cataract and glaucoma—are not yet known. They have not yet yielded to scientific investigation.

Safety authorities estimated that more than 300,000 eye accidents occur in U. S. industry each year . . . taking the sight of 1,000 eyes . . . even though all but a few need not cause injury if proper precautionary measures are taken.

More than half a million Americans are today unaware that they have glaucoma—which leads to increasing and permanent loss of vision every day detection and treatment are delayed.

## Eyes for the future

Good vision is no luxury for children, for almost everything they learn comes to them through their eyes.

During 1956 your Society, aided by hundreds of trained volunteers, substantially expanded its efforts to aid communities in the detection of eye troubles in their young—in time to do some good. Volunteer vision testers checked thousands and referred hundreds who needed thorough professional eye examinations. Many were saved from visual handicaps, up to and including blindness, which would have resulted in serious educational or psychological setbacks.

*Example:* one youngster in Michigan was thought to be mentally retarded; the volunteer vision screeners who found her and directed her to proper care proudly point to the fact that treatment of her eye condition has proved her to be the normal child she really is.

Working with the Delta Gamma Fraternity, Junior Leagues, Lions Clubs, parent-teacher organizations and other civic groups, the National Society has, through films and lectures, increased greatly the numbers of parents and teachers who understand how to discern the signs of eye

trouble in children. A well received demonstration at the annual meeting of the American Academy of Pediatrics helped emphasize the basic point in proper care of children's eyes: ***early treatment is essential.***

In the year covered by this report, many teachers attended summer workshops in teacher training schools in which the National Society staff took part so that the teachers might aid in the education of the nearly 70,000 partially-seeing children in this county. Gratifyingly, more school systems accepted the demonstrable fact that, given some specialized assistance, partially seeing children can take their places in regular classrooms and can develop normally with their fellow pupils toward useful citizenship.

Because as many as 100,000 eye accidents happen among school children in the U. S. each year, your Society expanded its efforts toward the promotion of safe play—from the placing of educational publications in the hands of teachers, social workers, public health nurses and parents, to the recruitment of 150 television stations in major cities in a "safe toys for Christmas" public service campaign.

## Facts for today

As many as 8,500,000 children of school age in the United States have visual defects of one form or another which require some kind of eye care.

Children's eyes change and grow as their bodies change and grow.

Very young children with visual defects cannot tell their parents about them . . . because they do not know how well they ought to see.

The child with an untreated eye condition may miss many educational opportunities . . . may shun normal play and associations . . . may even become blind.

Parents who see that their sons and daughters have a thorough, professional eye examination before entering school and once each school year thereafter are thereby helping to ensure for those they love a fair start in life.

A partially seeing child is described, for educational purposes, as one whose visual acuity in the better eye with compensating lenses is not greater than 20/70 and who is able to employ vision as his chief tool of learning. Using large-print books and typewriters, as well as other tools and procedures, such pupils can be prepared for full participation in general classroom activity.





## Protecting the sight of adults

In 1956, your National Society broadened its program of information on glaucoma, a blinding eye disease which hundreds of thousands of adults do not know they have. In a demonstration at meetings of the American Medical Association in Chicago, many physicians voluntarily submitted to routine tests for possible glaucoma; three per cent had intra-ocular tension indicating the possibility of its presence. Utilizing another tactic, screening programs were conducted in California, with thousands of people receiving free eye check-ups to alert them to the threat.

A frequent cause of blindness today is cataract, a condition which in many cases can be corrected by surgery, with marked vision improvement. To lead more cataract-blinded people to treatment, your Society has begun a new study with the help of a research team from the New York School of Social Work. The number of patients who never had treatment, the reasons why surgery was not obtained or was refused, and factors leading to possible delay in securing competent eye care are being sought. The investigation is made possible by a grant from the Arthur Griggs Fund, through the New York Community Trust.

## Vision and the human life span

In the last fifty years, the average expectancy for the duration of human life in this country has increased by twenty years. As people enter their sixties and seventies, they become susceptible to many conditions—diabetic, vascular and others—which affect several parts of the body, including the eyes.

Glaucoma is a disease of pressure inside the eyeball which slowly, often without symptoms, crushes the optic nerve as well as retina at the back of the eye—the “seeing film” of the visual process.

Until its cause can be determined, the main defense against glaucoma is a thorough eye examination at least once every two years for those over 40. Surveys have shown that two out of every hundred persons over 40 have glaucoma.

Queries addressed to this Society reveal that many people still believe cataracts are growths in front of the eye. Such writers are always informed that this is not the case, but that cataracts form in the lens *inside* the eye. Surgery is the *only* treatment for cataract; no advertised pills, drugs, solutions, salves, ointments or “exercises” have been proved effective.

## Research studies in seven states

In relentless pursuit of the scientific secrets which will some day reduce to a minimum the incidence of human blindness, the National Society for the Prevention of Blindness supported eye disease research projects in seven states during 1956.

*Subjects currently under investigation are:*

- Development of apparatus to study fields of vision, of importance in glaucoma and other conditions
- Photo-coagulation of the retina in the treatment of retinal detachment
- Bacteriology of uveitis
- Adrenocortical function in diabetic retinitis
- Action of various physical and chemical agents on the circulation of the choroid
- Early detection of glaucoma
- Electrophysiology of the eye
- Pancreatic dornase in inflammatory ocular changes
- Development of apparatus to test vision in early infancy
- Synthesis of Carbon-14 and Sulphur-35 radioactively labeled acetazolamide, to permit studies of this drug's effects on the aqueous in healthy eyes and in persons with glaucoma
- Continuation of studies of the cause of retrolental fibroplasia through the E. Matilda Ziegler Foundation grant.

## Further progress awaits new funds

While one-half of today's blindness is preventable, the actual causes of many of the blinding diseases—glaucoma, cataract, uveitis, retinal detachment—are unknown. Only through an expanded research program can such causes be identified . . . and eliminated.

Eye disease research is truly effective; it has shown how to defeat such foci as ophthalmia neonatorum (babies' sore eyes), trachoma and more recently, retrolental fibroplasia or RLF, as it is called.

Studies supported by your National Society helped identify excessive use of oxygen as being responsible for RLF in premature babies. As a result of these investigations, reported in 1954, RLF blindness has been dropping dramatically as the Society and others work to foster new and safer oxygen procedures throughout the country.

Contributions to the National Society will permit the start of many new important studies.



## Prevention through health education

When the people of the United States fully understand the personal steps they can take to protect their own eyesight and accept the value of intensified eye disease research, blindness will no longer be a major American health problem.

The effort to spread eye health information among the people was substantially expanded in 1956.

Through articles in leading mass-circulation magazines, through television and radio, through the columns of daily newspapers—the principles of personal eye hygiene were disseminated. With the cooperation of the Advertising Council, a nation-wide campaign of education was conducted. Millions, probably for the first time, learned of the threat of glaucoma, the danger of postponing eye examinations for the young, the benefits resulting from research.

Major network television programs displayed for audiences of millions the facts about retrolental fibroplasia, cataracts and glaucoma. Magazine writers, taking advantage of the Society's library and consulting services, found editors prepared to accept eye health articles based on accurate information.

To direct sight-saving efforts into channels reaching into all areas of American life, your Society was represented, by

exhibits or staff members, at national meetings of scores of important organizations. Among them were the American Medical Association, National Safety Council, American Association of Ophthalmology and Otolaryngology, American Academy of Pediatrics, National Conference of Social Work, American Public Health Association, President's Conference on Occupational Safety, Illuminating Engineering Society, American College of Preventive Medicine, Delta Gamma Fraternity, Pan American Association of Ophthalmology, National Health Council, National Social Welfare Assembly and American Standards Association.

The Society's annual three-day Sight-Saving Conference, held in Chicago in 1956, produced a fruitful exchange of scientific information among hundreds of sight conservation experts in many fields—health, nursing, safety, education, social work.

Publications prepared by the Society reached every state of the union.

Stepped-up use of the Society's films was noted in 1956. Nearly 200 prints of "Johnny's New World," carrying a children's eye health message to parents and teachers, were in circulation during the year.



## Dispelling some eye care "myths"

It is easy to take good eyesight for granted; the "miracle" of vision is so commonplace that many forget the hazards of disease and injury which beset it.

Thorough eye examinations are necessary to guard against loss of vision; frequently, they can lead to detection of general body diseases.

False ideas about the eyes have been handed down through the generations. Among those your Society is trying to eliminate:

*"Crossed-eyes will eventually straighten themselves and sight will be as good as ever."* False! Even if the eyes appear to straighten, there may be permanent vision loss.

*"Eye exercises will cure eye diseases."* False! Eye conditions due to disease (glaucoma, cataract, uveitis, etc.) or to the size and shape of the eyeball (myopia, hyperopia, astigmatism) are not remedied by exercise, reliance on which may delay receipt of proper treatment.

*"Glasses bought over-the-counter, without prescription, are adequate."* False! Purchase of over-the-counter glasses involves the omission of the most important sight-saving step; a thorough, professional eye examination.

*"Constant headaches yield to aspirin."* Dangerous! Constant headaches may be the result of an eye condition producing tension and visual fatigue; alleviating the pain does not remove the condition.

*"A speck in the eye can be eliminated by rubbing the eye toward the nose."* Dangerous! Rubbing the eyes can permanently scar the cornea. The correct procedure: 1, pull the eyelid down over the eye to induce tears; 2, pour lukewarm tap water over the affected eye. If neither step is successful, visit a physician or clinic; don't gamble with permanent eye damage. Your eyes have to last for a lifetime.



## WHAT

### Prevention through eye safety efforts

Injuries rob more than a thousand people of sight in the United States every year.

To reduce the incidence of blindness due to injury, your National Society intensified its development of the Wise Owl Club in 1956. Each member has saved the sight of at least one eye by having had the foresight to be *wearing* proper eye protection when an accident occurred.

Last year, a record 2,340 new Wise Owls were enrolled. The membership, located in more than 1,600 plants in all 48 states, rose to 11,342.

To inculcate the habits of eye safety, the National Society's Department of Industrial Service expanded its efforts to foster better eye protective practices in the nation's vocational schools. Most notable sign of progress: New York's vocational school machine shops, with an enrollment of 4,000, now have *one hundred percent* eye protection.

To dramatize for the young the need for eye protection, the first honorary membership in the Wise Owl Club went to a boy playing sandlot baseball in Cleveland. His eyeglasses, with safety lenses, which he wore every day, saved his sight by stopping a ball batted straight at his head.

## WHY

### Toll of injuries can be reduced

Upwards of 300,000 eye accidents take place annually in industry; the wearing of proper eye protection can prevent more than 90 percent of them from causing injury.

The average compensation payment for loss of a single eye now averages about \$4,000; the Wise Owl Membership testifies to a saving to industry of \$56,000,000 in these costs alone.

Dramatizing the dollar value of eye protection in New York's schools was a court award of \$43,000 for the loss of sight of one eye by a student; this amount would have purchased more than 20,000 pairs of safety glasses.

Publicity resulting from Wise Owl enrollment awards is in itself a positive factor in safety education. Wearers of Wise Owl pins and badges offer fellow workers and students living examples of the fact that eye safety pays off . . . in vision and personal happiness.

## WHAT

### Prevention through volunteers' aid

With the start of a state committee in Wisconsin, the National Society for the Prevention of Blindness brought to eleven the number of states in which organic units have been established. During 1956 state committees in Indiana and California joined Connecticut by moving up into chapter status as their programs expanded.

State chapter and committee activities, increasingly effective because they branch out into scores of local communities, broadened the scope of their effectiveness during 1956. From vision screening projects in Connecticut to glaucoma detection programs in California, they helped apply the scientific knowledge which prevents blindness. Their volunteer fund-raising activities also helped the National Society support research projects to develop more such knowledge for greater prevention efforts in the future.

Backed by sound professional guidance, the state Prevention of Blindness groups found ready cooperation from local press, radio and television in spreading the word of proper eye health. Establishment of full-time state headquarters in many areas was, by the end of the year, guaranteeing continuity of effort and increasingly visible results.

## WHY

### That all may see—a national goal

Experience has shown that the nation's great health organizations achieve maximum results when their lines of communication reach directly into communities; local participation means greater local effect and greater national support.

Hundreds of leaders and workers in state chapters and committees serve without compensation. Maintaining close ties with public and professional health groups, working through schools, parent and civic groups, they have established solid local bases for action against the causes of blindness.

A letter received at national headquarters emphasizes the vital significance of their work:

*"I have been a contributor to the National Society for the Prevention of Blindness for many years. Now that a state chapter has been formed here, with a branch right in my own community, I can see more clearly than ever that the prevention of blindness is not only necessary, but possible. I hope it will not be long before every state has its own chapter."*

## GIFTS THAT SERVE IN DAYS BEYOND

Much of 1956's achievement in the prevention of blindness work was made possible by thoughtful men and women who, during their lifetimes, had included bequests to the Society in their wills.

Readers of this report who wish similarly to direct their own philanthropy into channels of continuing usefulness are invited to make use of this form of bequest.

"I give and bequeath to the National Society for the Prevention of Blindness, Inc., a corporation created under the laws of the State of New York, the sum of \_\_\_\_\_ dollars for its corporate purposes."

### Society Membership

☐ Benefactor:  
\$1,000 and over

☐ Sustaining Member:  
\$50-99

☐ Subscribing Member:  
\$5-9

☐ Patron:  
\$100-999

☐ Contributing Member:  
\$10-49

☐ Associate Member:  
\$2-5

## SUMMARY OF FINANCE

The following statement is based on the report of Peat, Marwick, Mitchell & Company, by whom the accounts of the Society, excluding state chapters, were audited.

The work of the Society—research, education, and preventive services covering all phases of sight conservation—is carried on by volunteers working with a paid professional staff qualified to deal with the many technical facts and procedures involved. Members of the board of directors and members of the various special committees who act as consultants on scientific and technical matters serve entirely without remuneration. All budgets and expenditures are fully reported to the National Information Bureau which accredits national philanthropic agencies.

### INCOME DURING 1956 — OPERATING ACCOUNT

Contributions and Memberships	\$255,901.92	
For Special Projects	7,000.00	
Publications, Sight-Saving Review Subscriptions, Wise Owl Club Memberships, Vision Testing Charts, Films, Posters, Honoraria and Royalties	33,510.82	
Income, Endowment and Reserve Funds	35,535.47	
Income from Trust Funds (not administered by the Society)	13,507.03	
Total Income		\$345,455.24

### EXPENDITURES

Professional Education	84,529.15	
Research	47,666.96	
Program Development & Consultation Service	35,374.11	
Public Education and Program Support	200,312.62	
Industrial Program	32,326.17	
Glaucoma Program	12,519.22	
Cooperation with other National Agencies	2,417.00	
International Cooperation and Activities	1,015.51	
Administration	23,394.92	
Pensions	4,138.32	
Total Expenditures		\$443,693.98
Excess of Expenditures—Operating Account		\$ 98,238.74

TOTAL RESOURCES AT DECEMBER 31, 1955	812,518.62
Legacies received in 1956 and placed in Reserve Fund	161,356.75
Increase—Securities Sold	7,480.54
	981,355.91
Less	
Excess of Expenditures—Operating Account	98,238.74
Net Surplus Adjustments—in establishing state chapters	35,071.45

### TOTAL RESOURCES AT DECEMBER 31, 1956

\$848,045.72°

\*Note—Does not include the income and expenditures or the resources of the National Society's state Chapters.



# NATIONAL SOCIETY FOR THE PREVENTION OF BLINDNESS

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**GOOD  
EYESIGHT  
FOR CHILDREN  
— A PARENT'S  
RESPONSIBILITY**

The thoughtful parent, wishing to offer his child the best possible chance for a lifetime of good vision, will find it helpful to—

- See that the child receives a competent eye examination before entering school. Give those you love a fair start in life.
- Learn to recognize the possible signs of eye trouble in your child—frequent blinking, squinting, redness of lids, stumbling over objects, efforts to brush away “blur.” Any one may be a signal for action.
- Educate the child in good eye habits—the use of proper lighting, erect posture for reading, no rubbing of eyes with soiled fingers.
- Offer the child only safe toys—toys with no sharp projections, toys constructed soundly of materials which will not shatter, toys which are proper for the age of the child.
- Support the nation-wide campaign to save human sight by joining—and encouraging others to join—the National Society for the Prevention of Blindness. Each gift will be put to work at once.

**Eugene M. Geddes, Treasurer**

**NATIONAL SOCIETY FOR THE PREVENTION OF BLINDNESS**

**1790 Broadway, New York 19, N. Y.**